

FEC
FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC

13 SEP 13 PM 2:51
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Friends of Sherrod Brown

ADDRESS (number and street) ▼

PO Box 15293



Check if different
than previously
reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

C C00264697

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

OH

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

in the State of

M M / D D / Y Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

in the State of

M M / D D / Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

through

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Judith Zamore

Signature of Treasurer

Judith Zamore

Date

M M / D D / Y Y Y Y Y

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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
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FEC FORM 3
(Revised 02/2003)